

Kevin O'Grady School 112 Sohier Rd., Beverly, MA 01915

tel: 978-232-9755 fax: 978-232-9756

☐ Teacher for the Blind and Visually Impaired:

Service Requested: (check one or more)

Vision Department

Supervisor: Erin Buckley Phone: 978-232- 9755 X 1339

Request for Vision, Deaf Blind and/or Orientation and Mobility Services

	ide the initial or annual functional vision assessment, training in Braille, vision e ltation for classroom adaptations.	fficiency assessment
	ist: ide the initial or annual functional vision, hearing and communication assessment cation systems, vision efficiency assessment and training, and consultation for cl	
☐ Orientation and Mo This specialist will prov and outdoor travel skills	ide the initial Orientation and Mobility assessment, school and classroom familia	arization, and indoo
Student Information:		
Date of request:		
Student:	D.O.B.	
Parent(s):		
Home Phone:		
Address:		
Name of LEA:		
Student's School:		
Teacher's name and email:		
School Address:		
School Phone:		
Current Medical re	ed st/Ophthalmologist report attached (within one year) eport attached (If requesting Orientation and Mobility Service) rom prior TVI and/or O&M Specialists attached (if available)	
Special Education Direct	or: Date:	